

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 150
Registered No. 147

1. PLACE OF BIRTH

County Gila State Ariz
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Angelo Martin { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 5 6. Legitimate? yes 7. Date of birth Aug 5 - 29
Month Day Year

8. FATHER Full name Angelo Martin 14. MOTHER Full maiden name Lueta Martin

9. Residence (Usual place of abode) Blake St. Globe 15. Residence (Usual place of abode) Blake St. Globe
If non-resident, give place and state.

10. Color or race W 11. Age at last birthday 33 (Years) 16. Color or race W 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Italy (State or country) 18. Birthplace (city or place) Italy (State or country)

13. Occupation Merchant Nature of industry _____ 19. Occupation Housewife Nature of industry _____

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature R. D. Kennedy (Physician or midwife.)

Given name added from a supplemental report _____ Address Globe

Month, day, year _____ Filed 9/4 1929 S.E. Wright Registrar

445-805-245

KN must be
order of birth stated.